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ATTN. David R. Lazaro

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FROM Volel Emile, Esq.

Fax Number 512 306 0240

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SUBJECT Response to 1st Action (10/006,079)

Number of Pages 17

Date 3/7/2006

MESSAGE

This fax transmission contains:

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PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/006,078
		Filing Date	12/09/2001
		First Named Inventor	Dwip N. Banerjee
		Art Unit	2155
		Examiner Name	David R. Lazzaro
Total Number of Pages In This Submission		Attorney Docket Number	
		AUS920010870US1	

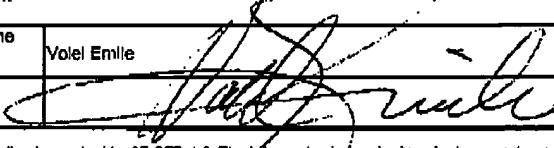
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

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Date

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Volei Emile
Signature	
Date	03/07/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS9200108/0US1
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
Dwip N. Banerjee
Serial No: 10/006,079
Filed: 12/06/2001
Title: APPARATUS AND METHOD OF
GENERATING AN XML DOCUMENT TO
REPRESENT NETWORK PROTOCOL PACKET
EXCHANGES

: Before the Examiner:
: David R. Lazaro
: Group Art Unit: 2155
: Confirmation No.: 8825

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required
 The fee has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit.. Fee
Total 20	MINUS 20	= 0	x 50 =	\$ 0.00
Indep. 4	MINUS 4	= 0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim				x 360 = \$ 0.00
				TOTAL \$ 0.00

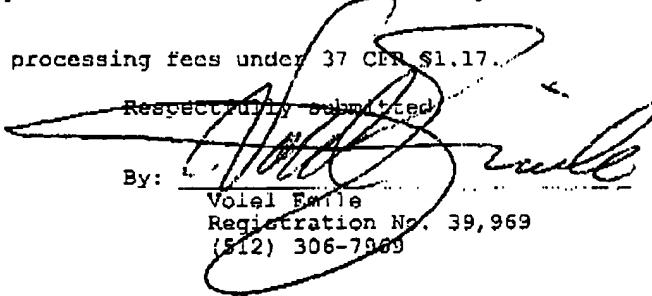
Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By: 
Volet Emile
Registration No. 39,969
(512) 306-7909

MAR 07 2006

Appl. No. 10/006,079
Amdt. dated 03/07/2006
Reply to Office Action of 12/09/2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of :
Dwip N. Banerjee : Before the Examiner:
Serial No: 10/006,079 : David R. Lazaro
Filed: 12/06/2001 : Group Art. Unit: 2155
Title: APPARATUS AND METHOD : Confirmation No.: 8825
OF GENERATING AN XML :
DOCUMENT TO REPRESENT :
NETWORK PROTOCOL PACKET :
EXCHANGES :
:

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of December 09, 2005,
please amend the above-identified Application as shown
below and consider the following Remarks.

Changes to the SPECIFICATION begin on page 2 of this paper.
Amendments to the CLAIMS begin on page 4 of this paper.
Remarks begin on page 10 of this paper.

AUS920010870US1

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